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Wisconsin Department of Commerce

Reg Obj #: For Office Use Only

CHECKLIST FOR ABOVEGROUND TANK INSTALLATION

Complete one form for each tank and related piping.

The information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

Return Completed Checklist To:
Wisconsin Department of Commerce
ERS Division
Bureau of Petroleum Products and Tanks
P. O. Box 7837
Madison, WI 53707-7837

This checklist covers installation of: ☐ **Tank;** ☐ **Piping;** ☐ **Secondary Containment;** ☐ **Overfill Protection;** ☐ **Vapor Recovery;** ☐ **Leak Detection;** ☐ **Spill Containment;** ☐ **Automated Fueling (key-card-code);** ☐ **Lining**

A. IDENTIFICATION: (Please Print)

1. Installation Name			2. Owner Name				
Installation Street Address (not P.O. Box)			Owner Street Address				
☐ City ☐ Village ☐ Town of:			☐ City ☐ Village ☐ Town of:			State	Zip Code
State	Zip Code	County	County		Telephone No. (include area code) ( )		

B. TANK CONTENTS (Current, or previous product if tank now empty)

☐ Diesel ☐ Leaded ☐ Unleaded ☐ Gasohol ☐ Aviation ☐ Premix ☐ Fuel Oil ☐ Kerosene ☐ Waste/Used Motor Oil
☐ Hazardous Waste ☐ Chemical (Specify name & CAS#): _____ ☐ Other _____ ☐ Unknown ☐ Empty

C. LAND OWNER TYPE (check one)

☐ State ☐ County ☐ Municipal ☐ Federal Owned ☐ Federal Leased ☐ Tribal Nation ☐ Other Government ☐ Utility
☐ Residential ☐ Private

D. OCCUPANCY TYPE (check one)

☐ Gas/Retail Sales ☐ Bulk Storage ☐ Terminal Storage ☐ Industrial ☐ Mercantile/Commercial ☐ Backup or Emergency Generator
☐ Agricultural (Crop or livestock production) ☐ Government ☐ School ☐ Utility ☐ Residential ☐ Other (specify): _____

E. PLAN APPROVAL

	Installer Verified	Inspector Verified	NA
1. Plans have been approved. State plan number/LPO plan number is: _____	☐	☐	
2. Tank Capacity: _____ gallons.			
3. ☐ Public POS dispensing (include form ERS 6294 POS) ☐ Vehicle ☐ Marine craft ☐ Aircraft			

F. TANK CONSTRUCTION

1. Tank exhibits recognized Listing or API label (Comm 10.355).	☐	☐	☐
2. Tank is used and has been tested for leaks. ☐ Air ☐ Hydrostatic Length of test: _____ min.	☐	☐	☐
3. Tank has vents installed and configured for: ☐ Class I, ☐ Class II, ☐ Class III product	☐	☐	☐
4. Emergency relief vent is provided where required. Type: _____	☐	☐	☐
5. All normal and emergency vents terminate outside where required	☐	☐	☐
6. Overfill protection provided? [Comm 10.415 (12)] Make/Model: _____	☐	☐	☐
7. Tank gauge is provided.	☐	☐	☐
8. Pump mounted on tank ☐ Pump mounted in dispenser independent of tank ☐			

G. TANK HANDLING AND PRE-TESTING

1. Tank was tested for leakage per the manufacturer's recommendations.	☐	☐	☐

H. TANK SITE

1. Tank located per approved plans (walls, buildings, power lines, streets, well, etc.).	☐	☐	☐
2. Tank is spaced a minimum of 3 feet from any other tank. (NFPA 30 Table 2-1)	☐	☐	☐
3. Tank foundation designed to minimize settling.	☐	☐	☐
4. Emergency shut-off installed.	☐	☐	☐

I. PROJECT SITE

1. Collision protection provided. ☐ Cement filled pipe ☐ Traffic bullards ☐ Other _____	☐	☐	☐
2. Vehicle fueling tank is secured by non combustible enclosure.	☐	☐	☐
3. Warning signs posted for dispensing area.	☐	☐	☐
4. A rated fire extinguisher provided.	☐	☐	☐

J. PIPING MATERIAL IS: ☐ Fiberglass; ☐ Steel; or ☐ Other (type) _____

Pipe installation is: ☐ **single wall or** ☐ **double wall.**

Check one of the types below before proceeding to answer questions 1-3 and/or 1-13.

Piping System Type: 1. ☐ Pressurized piping with a. ☐ auto shutoff, b. ☐ alarm, or c. ☐ flow restrictor.
2. ☐ Suction piping with check valve at tank.
3. ☐ Suction piping with check valve at pump and inspectable.

Aboveground Pipe:

1. Coated to inhibit corrosion.	☐	☐	☐
2. Supported and protected against physical damage and stress.	☐	☐	☐
3. Piping was isolated from the tank and dispenser and air tested at 150% of operating pressures of the system **(but not less than 50 p.s.i.)** for 1 hour.	☐	☐	☐

- CONTINUE ON NEXT PAGE -

Underground Pipe

1. Piping is sloped back to tank (min. 1/8 inch per foot). ☐ ☐ ☐
2. Piping is evenly and adequately supported by at least 6 inches of backfill bedding. ☐ ☐ ☐
3. Piping trench provides at least 18 inches of compacted backfill and paving on top of piping.. ☐ ☐ ☐
4. Pipes are separated by at least twice the pipe diameter. ☐ ☐ ☐
5. Pipes are separated from the trench excavation sidewalls by at least 6 inches. ☐ ☐ ☐
6. Metal piping is at least schedule 40 black steel or galvanized pipe, and is wrapped or coated. ☐ ☐ ☐
7. Metal piping protected from corrosion by: ☐ cathodic protection or ☐ impressed current. ☐ ☐ ☐
8. Fittings and couplings are extra-heavy malleable iron screw-type, schedule 40 or better. ☐ ☐ ☐
9. Piping was isolated from the tank and dispenser and air tested at 150% of operating pressure of the system (but not less than 50 psig) for 1 hour prior to backfilling. ☐ ☐ ☐
10. After backfilling, piping was isolated from the tank and dispenser and precision tested at 110% of operating pressure but not less than 50 psi for 1 hour. ☐ ☐ ☐
11. Test stations have been installed for monitoring cathodic protection on piping. ☐ ☐ ☐
12. Approved flexible connectors are used below the dispenser. ☐ ☐ ☐
13. Dispensers, pumps, check valves, etc., not cathodically protected are electrically isolated from metallic piping. ☐ ☐ ☐

K. SECONDARY CONTAINMENT/LEAK DETECTION (Check which applies under both TANK and PIPING)

1. Tank: ☐ Diked ☐ Double Wall ☐ Remote impounding
   - Tank clearance with dike walls and floor. ☐ Vehicle fueling ☐ Bulk storage ☐ ☐ ☐
   - Interstitial monitoring ☐ ☐ ☐
   - Automatic (verified as operative) ☐ ☐ ☐
   - Other (specify) _____ ☐ ☐ ☐
2. Piping Leak Detection Method: used if pressurized or suction with check valve at tank: ☐ Interstitial monitoring
   ☐ Groundwater monitoring ☐ Tightness testing ☐ Line leak detector ☐ Vapor monitoring ☐ Not required (visual)
3. Manufacturer / Vendor: _____ Probe #: _____
4. Model Name/#: _____ Material Approval #: _____
5. Catastrophic Manufacturer Name: _____ Model: _____ Material Approval #: _____

L. LIQUID HANDLING, TRANSFER AND USE

1. Fill pipe shall be capable of being locked, is labeled and color coded. [Comm 10.415 (11)] ☐ ☐ ☐
2. Check valve installed in piping at connection/disconnection for tank vehicle. ☐ ☐ ☐
3. Tank is provided with spill protection. ☐ ☐ ☐
4. Dispensing device is listed and has proper setbacks. ☐ ☐ ☐
5. Electrically operated solenoid valve provided for vehicle fueling. [Comm 10.415 (10)] ☐ ☐ ☐
6. Anti-siphon device provided on tank mounted pump. ☐ ☐ ☐
7. Electric equipment and wiring is installed in accordance with Comm 16 (NFPA 70). ☐ ☐
8. Aircraft fueling system provides bonding mechanism between aircraft and fueling equipment ☐ ☐
9. Emergency shutoff clearly identified and accessible. ☐ ☐ ☐
10. Where required, listed emergency breakaway, hose and dispensing devices are provided. ☐ ☐ ☐
11. Dispensing nozzle at marine service stations shall be auto-closing without hold open device. ☐ ☐ ☐
12. Hose length: _____ ft.

M. INSTALLER CERTIFICATION

Installation Company Name (print)	Installation Company Mailing Address	City/State/Zip Code
Company Telephone No. (include area code) ( )	Certified Installer Name (print)	Installer Certification No.

I certify that the tank system and related components have been installed according to the manufacturer's instructions, conditionally approved plans, and comply with Comm 10.

Installer Signature: Date Signed:

N. INSPECTOR INFORMATION

Inspection Dates: 1) 2) 3) 4) 5) 6)

Inspection Company Name: _____

Inspector Signature: _____ Inspector #: _____ Local Operator #: _____

Date Signed: _____ Fire department providing coverage: _____ FDID #: _____

O. COMMENTS: _____

TANK INVENTORY FORM ERS-8731 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH INSTALLATION CHECKLIST.

Copy Distribution: White – Commerce Blue – Inspector Pink – Contractor Yellow - Owner